

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

MAXIMUM BALANCE FOUNDATION

ADDRESS (number and street)

2070 P I N E STREET
SUITE B

☒

(Check if address
is changed)

SAN FRANCISCO

CA

94115

2828

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

committee@maximumbalancefoundation.com

☐

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.maximumbalancefoundation.com

☐

(Check if address
is changed)

2. DATE 03 ' 17 ' 2012

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

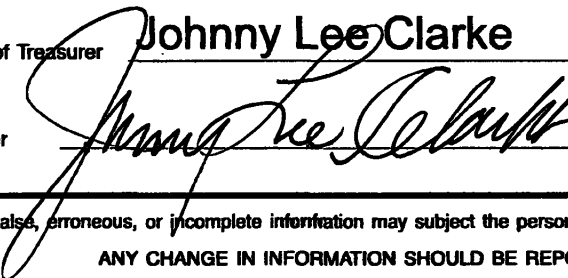
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Johnny Lee Clarke

Signature of Treasurer



Date

03 ' 17 ' 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)